



Homeowner Pre-Application

PRINT CLEARLY. DO NOT submit supporting documents with this form.
All information must be complete prior to submission. Co-Applicant applies if more than one property owner.

Official Use Only	
Date:	Case#:
	HAF

HOMEOWNER(S) INFORMATION (for data collection purposes only)					
Applicant (Last, First, Middle)			DOB (MM/DD/YY)		
Co-Applicant (Last, First, Middle)			DOB (MM/DD/YY)		
Physical Address			Physical Address		
Mailing Address, if different from physical address			Mailing Address, if different from physical address		
Gender	Marital Status	Email Address	Gender	Marital Status	Email Address
Contact Numbers Home#: _____ Work#: _____ Cell#: _____			Contact Numbers Home#: _____ Work#: _____ Cell#: _____		
Race <input type="checkbox"/> Pacific Islander/Native American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaska Native American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____			Race <input type="checkbox"/> Pacific Islander/Native American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaska Native American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
How well do you speak, read and write in English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			How well do you speak, read and write English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		

HOUSEHOLD INFORMATION		
Pre-Eligibility Questions <i>(all questions must be answered – do not leave anything blank)</i>	Yes	No
Are you a resident(s) of Guam? If yes, how long? ____ Years ____ Months		
Do you own and live in the home? (Owner occupied primary home)		
Have you experienced a financial hardship after January 21, 2020, associated with COVID-19, that affected your ability to pay the mortgage, utilities (power, water, or trash), property tax, or homeowners fee?		
Are you past due on your mortgage loan (at least by one month) or on a forbearance/deferment plan?		
Are you past due with one of your utility bills (power, water, or trash removal)?		
Are you due with your property tax for 2020 and/or 2021 past due?		
Are you past due with your homeowner association fee past due? <input type="checkbox"/> Check box in not applicable		
How many members in your household? ____ Adults ____ Kids (under 18) Include yourself and all family members in your household, including family members who are temporary away (i.e., deployment, college student, off-island medical, etc.)	Total household members _____	
What is your total household annual income amount? Include yourself and all members working/receiving income in your household. Recommend using the “Adjusted Gross Income” amount from your 2020/2021 tax filed documents (form 1040, 1040-SR, 1040X). If your current income is significantly different from 2020/2021 use your most current income.	\$ _____	

CERTIFICATION AND SIGNATURES	
Under penalty of perjury, I/We certify that the information presented in this Homeowner Pre-Application form is true and accurate to the best of my/our knowledge. I/We understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through Guam’s Homeowner Assistance Fund Program.	
I/We am submitting my application via email, checking this box indicates my true intention to apply for the HAF Program. I/We understand I/We must still sign my application upon Pre-Qualification. <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
Signature of Applicant: _____ <small>(Type Name if submitting electronically)</small>	Date: _____
Signature of Co-Applicant: _____ <small>(Type Name if submitting electronically)</small>	Date: _____

***** OFFICIAL USE ONLY *****	
Meets pre-eligibility criteria (check all that apply to the household) <input type="checkbox"/> Resident of Guam <input type="checkbox"/> Owner occupied primary home <input type="checkbox"/> Demonstrates financial hardship due to COVID-19 <input type="checkbox"/> Household income is at ____ 100% AMI* or ____ 150% AMI <input type="checkbox"/> Past Due: <input type="checkbox"/> Mortgage <input type="checkbox"/> Utility <input type="checkbox"/> Property Tax <input type="checkbox"/> HOA Total household income \$ _____ Household member size _____ Socially Disadvantaged Individual <input type="checkbox"/> Yes <input type="checkbox"/> No *Priority household	Does the household pre-qualify for the HAF program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Notes:</i> Reviewed and certified by: _____ HAF Program Staff _____ Date